FORM D

Name of Offering

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	OMB APPRO	DVAL
	lumber:	3235-0076
	08049217	<u></u>
	DATE RECEI.	1
N		

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
	MAIL
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	SEC MAC
Type of Filing: New Filing Amendment Rule 505 Rule 506 Section 4(6)	
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A. BASIC IDENTIFICATION DATA	OCT OF 200
L. Enter the information requested about the issuer	
	18 2v
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	O SECTIONS
CV2H NET, INC.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Talanhana Number (Institute Control
1460 9 MICHARIANE MITE/ 12 MARIE II COLI	Telephone Number (Including Area Code)
Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code)	(708)389·6625
(if different from Executive Offices) (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business	
HEALTH	
BEVERAGES	
Type of Business Organization	PROCESSED
business and other (pl	ease specif SCT 1 & 200 6
limited partnership, to be formed	l=
Actual or Estimated Date of Incorporation or Organization: OLA OLA CASTRAL MISSIONERS	THOMSON S
Jurisdiction of Incorporation or Organization: Old O4 Actual Estima	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	·
CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A posing march of	•
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below	A notice is deemed filed with the U.S. Securities
and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given belowhich it is due, on the date it was mailed by United States registered or certified mail to that address.	ow or, if received at that address after the date on
Where To File: U.S. Securities and Emphasized	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 2054	9.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually sphotocopies of the manually signed copy or bear typed or printed signatures	igned. Any copies not manually signed must be

Filing Fee: There is no federal filing fee.

photocopies of the manually signed copy or bear typed or printed signatures.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need

- ATTENTION -Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Ø Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 12201 6. WESTERN AVE., SUITE 6, BLUE SLAND, L 60406 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneticial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Executive Officer Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					`В.	INFORMA'	TION ABO	UT OFFER	ING				
<u> </u>			/					_				Yes	No
I.	Has the	e issuer so.	া, or does									[区
,	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?												
2.	What is the minimum investment that will be accepted from any individual?									J <u>yt</u> Yes	No		
3.	Does th	ne offering	permit joii	nt ownersh	ip of a sin	gle unit?					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		⊠ X
4.			ation reques										
	If a per	ssion or sin son to be li	nilar remun sted is an as	eration for ssociated p	solicitatio erson or ag	n of purcha gent of a bro	sers in com ker or deal	nection wit er registere	h sales of so ed with the	ecuriti e s in SEC and/o	the offerin r with a sta	ig. ite	
	or state	s, list the n	name of the	broker or c	lealer. If m	ore than fi	ve (5) perso	ons to be lis	sted are ass	ociated per	sons of su	ch	
Full			first, if inc						y. N	/H		SEC	MAIL 1
											5	- Carried State of the Control of th	3E0 1
Bus	iness or	Residence	Address (1	Number ar	d Street, (City, State,	Zip Code)		****		1	E OCY	0 6 7006
Nan	ne of As	sociated B	roker or De	ealer			· · · · · · · · · · · · · · · · · · ·						8 2000 ·
<u></u>			·····		-							10/2	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Stat			n Listed Ha										SECTION
	(Check	An State	s" or check	andividua	ıl States)	••••••	•	•••••	•••••		***************************************	🕽 🛪	II States
	AL.	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[ID]
	IL MT	IN NE	IA NV	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	RI	SC	SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA
Full	Nom. (· · · · · · · · · · · · · · · · · · ·	G : 0.1										
, uii	(Vallie (casi name	first, if ind	ividual)									
Busi	iness or	Residence	Address (Number ar	nd Street, (City, State,	Zip Code)					,	
Nam	ne of Ass	ociated R	roker or De	aler			· · · · · · · · · · · · · · · · · · ·	·					
State	es in Wh	ich Persor	Listed Ha	s Solicited	or Intends	s to Solicit	Purchasers			· · · · · · · · · · · · · · · · · · ·			
	(Check	"All States	s" or check	individua	States)		•••••••	•••••	•••••••••••	•••••		. Al	ll States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	RI	SC	SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full	Nama (I	act nome	first, if indi										
	rvaine (£	ast name	itrst, it indi	viduai)									
Busi	ness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Name	o of A ==	:-4- J D	oker or Dea										
ivaliji	e of Ass	ociated Br	oker or Dea	lier									
State	s in Wh	ch Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
((Check	All States	or check	individual	States)		•••••					☐ All	States
ĺ	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	[NE]	IA NV	(NII)	(KY)	LA	ME NV	MD	MA	MI	MN	MS	MO
	RI	SC	SD	NH)	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
			s N/A
	Debt		2
	Equity	1,000,00c	s 300,000
	Convertible Securities (including warrants)	s win	s 11/A
	Partnership Interests		- <u>- N/A</u>
	Other (Specify)		s N/Δ
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		s
	Non-accredited Investors	,	s_N/A
	Total (for filings under Rule 504 only)	9	s
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amoun Sold
	Rule 505	N/A	s_N/A_
	Regulation A	N/A	S N/A
	Rule 504	TOMMON	s 300,000
	Total		\$ 300,000
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s <u>Ø</u>
	Printing and Engraving Costs	Z	
	Legal Fees		s 12500
	Accounting Fees] s
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)	•	s 1,000
	Total	<u>7</u>	5 1 4,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROC	EEDS	i. Kangara	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			s <u>68</u>	S6,000
	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.				
		(Di	yments to Officers. rectors, &		yments to Others
	Salaries and fees				ø
	Purchase of real estate				Ø
	Purchase, rental or leasing and installation of machinery and equipment			_	
	Construction or leasing of plant buildings and facilities		•		Q
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	¬\$	ø	□\$	ø
	Repayment of indebtedness				Ø
	Working capital			_	86,00
	Other (specify):		_		Ø
		<u></u> \$_	ø	_ 🗆 \$_	ø
	Column Totals		_		686,00
	Total Payments Listed (column totals added)			286,C	000
9 1	D. FEDERAL SIGNATURE	. 54.4			••

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)		Signature	Date
	SEE	ATIACHED	
Name of Signer (Print or Type)		Title of Signer (Print or Type)	

- ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		. \$_
Column Totals		\$.
Total Payments Listed (column totals added)		
	D. FEDERAL SIGNATURE	
issuer has duly caused this notice to be signed by the undersignally constitutes an undertaking by the issuer to furnish to the information furnished by the issuer to any non-accredited investigation.	U.S. Securities and Exchange Commission, upon	under Rule 505, the written request of its
her (Print or Type) Solution Type) The of Signer (Print or Type)	Signature Control Title of Signer (Print or Type)	OJ F
ROBERT CORR President RushNet	_	
president RushNet	エんと	
	ATTENTION	
Intentional misstatements or omissions of fact co		s.C. 1001.)
		
	5 of 9	
		Page (
	E. STATE SIGNATURE	
	E. STATE SIGNATURE	
I. Is any party described in 17 CFR 230.262 presently sub	ject to any of the disqualification	
Is any party described in 17 CFR 230.262 presently sub provisions of such rule?	ject to any of the disqualification	
1. Is any party described in 17 CFR 230.262 presently subprovisions of such rule?	ject to any of the disqualification See Appendix, Column 5, for state response.	

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

. (3).	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is D (17 CFR 239.500) at such times as required by state law.	filed a no	otice on Form
3	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees.	ition fur	nished by the
4	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be en limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer classified of this exemption has the burden of establishing that these conditions have been satisfied.	ititled to iming th	the Uniform e availability
	ier has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beh thorized person.	alf by the	e undersigned
Issue	Print or Type) Signature Date		
	SEE FOLIDINING PAGE		
Name	Print or Type) Title (Print or Type)		

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on For D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printe signatures.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersignedzed person.

Name (Print or Type)

Signature Date

Date

Date

OD - 27-06

Title (Print or Type)

ROBERT CORR

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Demast be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

6 of 9

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l	Intend to non-a investor	I to sell accredited is in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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AK	Seed Andread and company	K								
AZ	The second sections	χ							·	
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MS		۴					•			

APPENDIX

1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			under Sta (if yes, explan- waiver	ification ate ULOE
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО	1	K							
МТ		X							
NE		×							
NV		Χ							
NH		X							
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VA		*						-	
WA		×							
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WI		X							

			, ,	APP	ENDIX				
l	Type of security and aggregate to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price Type of investor and amount purchased in State (Part C-Item 1) (Part C-Item 2)				Type of security to sell and aggregate ccredited offering price Type of investor and offered in state amount purchased in State			under St (if yes explan waiver	lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		Χ							
PR		×) Commission Commission	1